### SEEC FORM 26—SHORT FORM

### **Independent Expenditure Statement for Persons**

Revised August 2014





☐ Amendment

**▼** Original

2013 COT 25 Official Use Party

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1. NAME OF PER	RSON MAKING INDEPEN	NDENT EXPE	NDITURE					
Service Employees International Union				180233				
	IVIDUAL FILING INDEP	ENDENT EX	PENDITURE ST	ATEMENT				
First Name		MI	Last Name		Suffix			
Gerald			Hudson					
Title								
General Secretary	y/Treasurer							
	E EMAIL ADDRESS OF IT	,	FILING INDEPE	NDENT EXPENDITURE STATEMENT				
(Include Area Code)		Email Address						
(202) 730-7000 4. DATE (Check One	y Bor)	treas@seiu	.org		<del>.</del>			
	2 2007							
☐ Primary		☑ Election	11/06/2018	□ Referendum				
5. TYPE OF REPO	ORT (Check One Box)				<del></del>			
☐ January 10	☐ 7th day preceding prim	ary	☐ 7th day preceding	☐ 24 hour Independent Expenditure Statem	nent for Primary			
□ April 10	☐ 30 days following prim	ary	referendum	■ 24 hour Independent Expenditure Statem	ient for Election			
□ July 10	☐ 7th day preceding elect	ion	☐ 90 days following referendum	☐ 24 hour Independent Expenditure Statem	ent for Special Election			
☐ October 10	☐ 7th day preceding speci	al election		☐ Amendment to (Type of Report)				
	☐ 45 days following speci	ial election						
6. PERIOD COVER	RED							
		·····						
	Ве	ginning Date		Ending Date				
	10/25/	/2018	through	11/06/2018				
7. CERTIFICATIO	N OF INDIVIDUAL FILI	NG THE IND	EPENDENT EXI	PENDITURE STATEMENT				
Independent I information set for to be made by the	Expenditure Statement on the control of the control of the control of the period coversion, for the period coversion.	pehalf of the pe penditure States ered, and that t	erson. I further coment is a true, aco these expenditure	ccepted my appointment as the individual a ertify and state, under the penalties of false curate and complete itemization of expendi s and obligations were made independent o	statement, that the tures made or obligated of any other individual,			
political of	committee, party committe	e, or candidate	Gerald Huds PRINT NAME		10/25/2018 DATE (mm/dd/yyyy)			

Page 2 of 8

Service Employees International Union	24-Hour Ind. Exp. Statement for Election	
	SUMMARY	
	COLUMN A This Period	COLUMN B Aggregate
8. Expenditures Made by a Person (Section A - Page 3)	\$ 0.00	\$556,688.57
9. Expenditures Obligated by a Person This Period but Not Paid (Section B - Page 4)	\$ 12,000.00	
D. Total Outstanding Expenditures Obligated by a Person still Unpaid (Section B - Page 4)	\$ 71,831.07	

# SEEC FORM 26—SHORT FORM INDEPENDENT EXPENDITURES Revised August 2014

NAME OF PERSON MAKING INDEPENDENT EX	PENDITURE (As r	eported on Pa	age I, Line I)	TYPE OF	REPORT		
Service Employees International Union						etemer	nt for Election
	dependent Exp	enditures	Made by Per		inu. Exp. 3i	atemer	it for Election
Name of Payee	···					Date	of Expenditure
Street Address		City			[5	tate	Zip Code
Independent Expenditure on behalf of more than one candidate?  Descrip  Yes No If yes, complete Section A. Addendum	otion		-				
Name of Candidate (only complete if Independent Expenditure is on behalf of ON	E candidate—if more than one	e, Complete Sectio	n A. Addendum) Offic	e Sought			Supported Opposed
Purpose of Expenditure (By code)	Expenditure N (if applicable)	umber	Associated with Re	ļ		Amoui	nt
Name of Payee						Date o	f Expenditure
Street Address		City			Si	ate	Zip Code
Independent Expenditure on behalf of more than one candidate? Descrip  Yes No If yes, complete Section A. Addendum	ion						
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE	candidate—if more than one.	Complete Section	A. Addendum) Office	Sought			Supported Opposed
Purpose of Expenditure by codes	Expenditure No	ımber	Associated with Ref			Amoun	t
Name of Payce			<u> </u>			Date of	Expenditure
Street Address		City		·	Sta	te	Zip Code
ndependent Expenditure on behalf of more than one candidate? Descript  Yes No If yes, complete Section A. Addendum	on				•		
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE	candidate—if more than one,	Complete Section	A. Addendum) Office	Sought			Supported Opposed
urpose of Expenditure y cods)	Expenditure Nu (if applicable)	mber	Associated with Refe			Amoun	•
	SUBTO	TAL Secti	on A This Pa	nge \$0	0.00		
	TOTAL of	additional	Section A. Pa		0.00		
TOTAL OF ALL INDEPENDENT EXPENDI	TURES MADE I	BY PERSO	)N THIS PERI total on Column A, L	(OD ine 8) \$	0.00		

## SEEC FORM 26—SHORT FORM INDEPENDENT EXPENDITURES

Revised August 2014		EAL		UKES				_
NAME OF PERSON MAKING INDEPENDENT EXPE	ENDITURE (As r	eported on Pa	ige 1, Line 1)	ТҮРЕ О	F REPORT			
Service Employees International Union 24					ur Ind. Exp.	Staten	nent fo	or Election
B. Independent Expen	ditures Oblig	gated by I	Person thi				<del>-,</del> -, , , , , , , , , , , , , , , , ,	
Name of Creditor							Date Obli	gated
Make The Road Action						- 1	10/25/	/2018
Street Address		City				State		ip Code
449 Troutman Street		New Yo	rk			NY	١,	11237
Independent Expenditure on behalf of more than one candidate? Description	<u>-</u>	1	· · · · · · · · · · · · · · · · · · ·			1		1237
Yes No If yes, complete Section B. Addendum Canvas.	sing Services							
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE can		, Complete Section	n B. Addendum)	Office Sought				Supported
Ned Lamont				Governor				Opposed
Purpose of Expenditure	Expenditure N	umber	Associated v	vith Referendum?	1	Amount	Obliga	ted
(by code)	(if applicable)		_ r	es 🔀 No	\$9,000.0	n		
MISC Name of Creditor	1		<u> </u>		\$3,000.0		ate Oblig	ated
Street Address		City				State	Zij	o Code
						ĺ		
Independent Expenditure on behalf of more than one candidate? Description		<u> </u>						
☐ Yes ☐ No If yes, complete Section B. Addendum  Name of Candidate (only complete if Independent Expenditure is on behalf of ONE can	didate—if more than one,	Complete Section	B. Addendum)	Office Sought				
								Supported Opposed
Purpose of Expenditure	Expenditure Nu	ımber	Associated w	ith Referendum?	um? Amount Obligated		ed	
iry b boddy	(i) appricability		□ Y6	es 🔲 No				
Name of Creditor		<del> </del>	l			Da	te Obliga	ted
Street Address		City			·	State	Zip	Code
ndependent Expenditure on behalf of more than one candidate? Description		<u>.                                    </u>						-
Yes No If yes, complete Section B. Addendum								
Name of Candidate (only complete if Independent Expenditure is on behalf of ONE cand	didate—if more than one,	Complete Section	B. Addendum)	Office Sought		_		☐ Supported
			Ì					Opposed
Purpose of Expenditure	Expenditure Nu	mber	Associated wi	th Referendum?		\mount (	Obligate	ed
ty code)	(if applicable)		☐ Ye	s 🗆 No				
		-						
	SUBTO	TAL Sect	ion B Ti	nis Page	Ś	9,000	0.00	
	TOTAL -4	f additions	I Section I	Pages	<del></del>			
	TOTAL of	auuiiiiiii	i Secuuli I	. 1 ages	\$	3,000	0.00	<del> </del>
TOTAL OF ALL INDEPENDENT EXPE DURING THIS PERIOD BUT NOT PAIL			ED BY PE		\$	12,00	0.00	
Previous Reported Independent E	<del></del>				Ś	59,83	1.07	
TOTAL OF ALL AND SINGUISING SECTIONS	nitides of	T TC A TIET	DIT NO	T PAID	<u> </u>			
TOTAL OF ALL INDEPENDENT EXPEN	INTI OKES OR	Enter i	DBUINU total on Colum	n A, Line 10)	\$	71,833	1.07	

## SEEC FORM 26—SHORT FORM INDEPENDENT EXPENDITURES Revised August 2014

NAME OF PERSON MAI	ING INDEPENDENT EXPENDITURE (As report	ted on Page 1, Line 1)	TYPE OF REPO	RT		· <u> </u>	
				lour Ind. Exp. Statement for Election			
	C. Itemization of l	Reimbursements	<del> • </del>				
Name of Individual Reimbursed			·····				
N/A							
Name of Vendor, Person or Entity Pa	id by Individual					· · · · · · · · · · · · · · · · · · ·	
Street Address of Vendor, Person or	Entity Ci	ity		State Zip C			
Date of Payment to Vendor, Person	Purpose of Expenditure			Expend	liture Numb	er	
or Entity	(by code)			fif applica	thle)		
Description				l	Amon	m#	
					Amou	ш	
Name of Individual Reimbursed					-		
Name of individual Reimbursed							
Name of Vendor, Person or Entity Pai	d by Individual						
Street Address of Vendor, Person or E	ntity	у		St	ate	Zip Code	
Date of Payment to Vendor, Person	Purpose of Expenditure (by code)			Expendi	iture Numbe	r	
or Entity	1070						
Description		<del></del>		<u> </u>	Amou	nt	
Name of Individual Reimbursed							
Name of Individual Relinbursed							
Name of Vendor, Person or Entity Paid	i by Individual						
	law					Zip Codc	
Street Address of Vendor, Person or E	tity	<b>,</b>		Sta	ic	Zip Code	
Date of Payment to Vendor, Person or Entity	Purpose of Expenditure (b) code)			Expendit (if applicable	ture Number	ſ	
•							
Description					Amour	ıt	
· · · · · · · · · · · · · · · · · · ·	avenue.						
	SUBTOTAL	L Section C This Pag	\$0.00				
	TOTAL of old	litional Section C. Page	06				
	101AL 01 800	litional Section C. Page	\$0.00				
	TOTAL OF AL	L REIMBURSEMEN					
			\$0.00				

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☐ See Additional Page(s)

			·	
NAME OF PERSON MAKING INDEPENDENT EXPENDITURE (As reported on Page 1, Line 1)  TYPE OF REPORT				
Service Employees International Union 24-HR Ind. Exp. Statement for Ele				
D. Covered Transfers in Excess of \$5,000				
If the independent expenditures reported in this form were made or obligated to be made hundred and eighty (180) days prior to the applicable primary or election, you must reputing the twelve month period prior to the applicable primary or election that are five aggregate.  One or more of the pertinent covered transfers have been reported to the Fede Internal Revenue Service (IRS) and the person filing this form has submitted a colieu of reporting such covered transfers here.  If this box is checked please list the applicable FEC Filer ID Number or IRS Employer FEC Filer ID or IRS EIN #	ort any "co thousand d eral Election py of that Identificat	overed transf lollars or mon on Commiss previously f	ers" received re in the ion (FEC) or iled report in	
Note: Any covered transfers occurring within the relevant time period and not re filings must be reported below.	ported on	the attached	I FEC or IRS	
Source of Covered Transfer—Name of Person Making Covered Transfer				
N/A				
Address of Person Making Covered Transfer—City		State	Zip Code	
Source of Covered Transfer—Name of Individual who Signed Check or Authorized Covered Transfer	<del></del>	<u> </u>		
Source of Covered Transfer—Ivanie of Individual wife Signed Check of Audiotized Covered Transfer	Amount			
Source of Covered Transfer—Name of Person Making Covered Transfer				
Address of Person Making Covered Transfer—City		State	Zip Code	
Source of Covered Transfer—Name of Individual who Signed Check or Authorized Covered Transfer	<del></del>	Ато	unt	
Source of Covered TransferName of Person Making Covered Transfer				
Address of Person Making Covered Transfer—City		State	Zip Code	
	į			
Source of Covered Transfer—Name of Individual who Signed Check or Authorized Covered Transfer		Amo	unt	
100000000000000000000000000000000000000				
Source of Covered Transfer—Name of Person Making Covered Transfer				
Address of Person Making Covered Transfer—City		State	Zip Code	
ource of Covered Transfer—Name of Individual who Signed Check or Authorized Covered Transfer		Amo	unt	
DESCRIPTION FIGURES - TERRE OF THE STREET WITH DIRIGHT CHOOK OF THE STREET CONTROL FIRM SHOTE		Anio		
			<u> </u>	

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NAME OF PERSON MAKING INDEPENDENT EXPENDITURE (As reported on Page 1, Line 1)	TYPE OF REI	PORT			<del></del>
Service Employees International Union 24-Hour Ind. Exp. Statement for Elec					
E. Five Largest Covered Transfers Disclosed in Com					
If the independent expenditure reported in this form was for a communication made or date that is ninety (90) days immediately prior to the applicable primary or election, pl "covered transfers" received during the received during the twelve month period prior	obligated t	o be n	ve large	st agg	regate
Source of Covered Transfer—Name of Person Making Covered Transfer	<u></u>		Expendit Section	ture Numi	OCT Number
N/A Address of Person Making Covered Transfer—City		State	<u> </u>	Zip Cod	i le
Source of Covered Transfer—Name of Individual who Signed Check or Authorized Covered Transfer			Amo	<u>l</u> unt	
Source of Covered Transfer—Name of Person Making Covered Transfer	<b>_</b>	<u>.                                    </u>	Expendit Section	ure Numb	er Number
Address of Person Making Covered Transfer—City		State		Zip Cod	e
Source of Covered Transfer-Name of Individual who Signed Check or Authorized Covered Transfer			Amoi	unt	
Source of Covered Transfer—Name of Person Making Covered Transfer			Expenditu Section	ire Numb	er <i>Number</i>
Address of Person Making Covered Transfer—City		State		Zip Code	c
Source of Covered Transfer—Name of Individual who Signed Check or Authorized Covered Transfer		<u> </u>	Amoı	int	
Source of Covered Transfer—Name of Person Making Covered Transfer			Expenditu Section	rc Numb	ot Number
Address of Person Making Covered Transfer—City		State		Zip Code	•
Source of Covered Transfer—Name of Individual who Signed Check or Authorized Covered Transfer			Amou	nt	
Source of Covered Transfer—Name of Person Making Covered Transfer			Expenditu Section	re Numbe	et Number
Address of Person Making Covered Transfer—City		State		Zip Code	
Source of Covered Transfer—Name of Individual who Signed Check or Authorized Covered Transfer		-	Amou	nt	

NAME OF PERSON MAKING INDEPENDENT EXPENDITURE (As reported on Page 1, Line 1) TYPE OF REPORT 24-Hour Ind. Exp. Statement for Election Service Employees International Union F. Nesting Dolls Provision for Top 5 Covered Transfers Disclosed in Communication Name of Person Making Covered Transfer to Person Reported in Section E. N/A Address of Person Making Covered Transfer-City (if known) Zip Code Name of Person Receiving Covered Transfer as Reported in Section E. **Expenditure Number** Name of Person Making Covered Transfer to Person Reported in Section E. Address of Person Making Covered Transfer-City (if known) State Zip Code Name of Person Receiving Covered Transfer as Reported in Section E. **Expenditure Number** Name of Person Making Covered Transfer to Person Reported in Section E. Address of Person Making Covered Transfer-City (if known) State Zip Code Name of Person Receiving Covered Transfer as Reported in Section E. Expenditure Number Name of Person Making Covered Transfer to Person Reported in Section E. Address of Person Making Covered Transfer-City (if known) State Zip Code Name of Person Receiving Covered Transfer as Reported in Section E. Expenditure Number Name of Person Making Covered Transfer to Person Reported in Section E. Address of Person Making Covered Transfer-City (if known) State Zip Code Name of Person Receiving Covered Transfer as Reported in Section E. Expenditure Number Name of Person Making Covered Transfer to Person Reported in Section E. Address of Person Making Covered Transfer-City (if known) State Zip Codc Name of Person Receiving Covered Transfer as Reported in Section E. Expenditure Number

## Section B. ADDENDUM PAGE \_1 of \_1

NAME OF PERSON MAKING IN	TYPE OF RE	PORT		
Service Employees International	24-Hour Ir	nd. Exp. Statement for Election		
B. Indepen	dent Expenditures Inc	curred by Person this Perio	d but Not Paid	Addendum
Expenditure Number as reported in Section A			Purpose of Expenditure	hy code)
0012				
Description				
Canvassing Services		<del></del>		
Name of Candidate		Office Sought (if applicable)	Supported Opposed	
Mary Abrams		State Senate, District 13		\$1,500.00
Name of Candidate		Office Sought (if applicable)	Supported Opposed	Amount Allocated to Candidate
Julie Kushner		State Senate, District 24		\$1,500.00
Name of Candidate		Office Sought (if applicable)	Supported Opposed	Amount Allocated to Candidate
Name of Candidate		Office Sought (if applicable)	Supported Opposed	Amount Allocated to Candidate
Name of Candidate		Office Sought (if applicable)	Supported Opposed	Amount Allocated to Candidate
Name of Candidate		Office Sought (if applicable)	Supported Opposed	Amount Allocated to Candidate
Name of Candidate		Office Sought (if applicable)	Supported Opposed	Amount Allocated to Candidate
ame of Candidate Office Sought (if applicable)		Office Sought (if applicable)	☐ Supported ☐ Opposed	Amount Allocated to Candidate
Varne of Candidate		Office Sought (if applicable)	☐ Supported ☐ Opposed	Amount Allocated to Candidate
lame of Candidate		Office Sought (if applicable)	☐ Supported ☐ Opposed	Amount Allocated to Candidate
lame of Candidate		Office Sought (if applicable)	☐ Supported ☐ Opposed	Amount Allocated to Candidate
		<u> </u>		<u>.</u>